

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # F95000004092**1. Entity Name
CRESCENT MORTGAGE SERVICES, INC.

Principal Place of Business 115 PERIMETER CENTER PLACE SUITE 285 ATLANTA GA 30346	Mailing Address 115 PERIMETER CENTER PLACE SUITE 285 ATLANTA GA 30346
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2173859

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD**PLANTATION**
33324**US****FL****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	FOWLER WILLIAM	
STREET ADDRESS	115 PERIMETER CENTER PL STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAPELLO JOHN	
STREET ADDRESS	THE MILL TOWER, 300 BEDFORD ST	
CITY-ST-ZIP	MANCHESTER NH 03101	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANTHONY PATRICIA J	
STREET ADDRESS	115 PERIMETER CENTER PLACE., STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEDDY MICHAEL P	
STREET ADDRESS	115 PERIMETER CENTER PLACE., STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOGGUS J. DONALD J	
STREET ADDRESS	115 PERIMETER CENTER PLACE., STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	P	<input type="checkbox"/> Delete
NAME	KENKNIGHT ROBERT C	
STREET ADDRESS	115 PERIMETER CENTER PLACE., STE 285	
CITY-ST-ZIP	ATLANTA GA 30346	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. KenKnight**P****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)